



State of Connecticut
DEPARTMENT OF PUBLIC SAFETY
Division of Fire, Emergency and Building Services
Office of Education and Data Management



Application for Written Acknowledgement of Achievement

*This form must be **completed in full and all documentation provided** in order to be considered for eligibility to take the State of Connecticut Telecommunicator Examination. **Incomplete applications will be returned to applicant.** If you have questions, please call The Office of Education and Data Management at 860.685.8372.*

Fax Transmittal

Date:

To: Telecommunicator Training Program

Fax: **860-685-8611**

Number of pages:

From:

Phone:

Student Information (to be completed by student)

Section 1-217 of the Connecticut General Statutes exempts the residential addresses of a number of occupational categories from release to the public under the Freedom of Information Act. Such categories include, but are not limited to, police officers, fire-fighters and employees of the Department of Correction. If you believe that your residential address is exempt under this law, please make a check mark in the box: ☐

Name

Address

City

State

Zip

Home Phone ()

ID #

—

Signature

First three letters of your last name—last four digits of your social security number

Employer Information (to be completed by employer)

Employer Name

Address

City

State

Zip

Work Phone ()

Applicant's date of hire as a Telecommunicator

Supervisor's Name

Supervisor's Signature

If unable to fax, please mail to:

Telecommunicator Program

Office of Education and Data Management

1111 Country Club Road

Middletown, CT 06457

Remember to **attach evidence** of experience as a Public Safety Telecommunicator, or evidence of the completion of specialized training in the area of Public Safety Telecommunications in accordance with the standards set forth in Connecticut General Statute 28-30-7.